

BASIC WATER RESCUE

Do you want to become a lifeguard, but are not old enough? Open to participants entering grades 4-6 in the fall, Basic Water Rescue will be a combination of water safety instruction and open swim time at the Bloomington Family Aquatic Center.

Dates: June 19-22, 2017 from 1:00-3:00pm

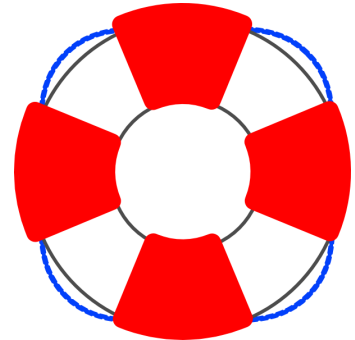
Fee: \$40 per Participant (registration required)

Registration Deadline: Thursday, June 15th

Location:

Bloomington Family Aquatic Center
201 East 90th Street
Bloomington, MN 55431

Basic Water Rescue is a American Red Cross certification class where participants will learn how to protect themselves and others in aquatic environments. Participants will learn necessary skills to prevent, recognize, and respond to aquatic emergencies.



*All information on this form must be completed and have signature consent of the
Terms and Conditions before registration can be processed
Full payment must accompany registration*



Participant Name: _____

Parent Name: _____

Address: _____

City: _____ **Zip Code:** _____

Home Phone: _____ **Cell:** _____

Email Address: _____

Email is the primary form of communication

Return completed registration to Bloomington Parks and Recreation office

PAYMENT MAY BE MADE BY CREDIT CARD, CASH, OR CHECK AT PARKS AND RECREATION OR ONLINE AT <https://webtrac.BloomingtonMN.gov> USING CODE 121-1A

Cardholder's Name _____ Auth Amt. \$ _____

Cardholder Signature _____

Credit Card _____ - _____ - _____ - _____

Exp. Date: _____

PARKS AND RECREATION DIVISION

1800 W. OLD SHAKOPEE ROAD, BLOOMINGTON MN 55431-3027

PH 952-563-8877 FAX 952-563-8715 TTY 952-563-8740

AN AFFIRMATIVE ACTION/EQUAL
OPPORTUNITIES EMPLOYER

Acknowledge, Sign, and Date

_____ INITIAL HERE Waiver: I understand that participation in this activity or program is completely voluntary and that the activity or program being offered is for the benefit of the participant(s). The City of Bloomington shall not be liable for any claims, injuries or damages, of whatever nature, incurred by the participant(s) which are directly or indirectly attributable to the negligence, whether passive or active, of the City, their agents or employees, arising out of, or in connection with the activity or programs. On behalf of the participant(s) and myself, I expressly release and discharge the City of Bloomington, their agents or employees from any such claims, injuries or damage. I also understand this waiver includes any injuries that may result from the condition of facility used in the activity or program.

_____ INITIAL HERE Data Privacy: The data supplied on this form will be used to enroll you in a recreation and or social program. Some requested data is private. It is available to you and to the City of Bloomington staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City of Bloomington staff may not be able to complete your registration and/or you may not receive updated information.

Release Agreement: The City of Bloomington staff take pictures, slides, and videos of participants enjoying the activities for use in marketing and promotion of the programs. If I do not grant permission, I will send a letter to the City of Bloomington, Parks and Recreation expressing my wishes.

Participant or Parent/

Guardian Signature _____ Date _____